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CONFIRMATION NO. 1191

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|---|---|-------------------------------|---|--|---------------------------------|
| SERIAL NUMBER 10/643,857 | FILING OR 371(c) DATE 08/14/2003 RULE | CLASS 424 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. 13783-105022 | |
| APPLICANTS Scott Koenig, Rockville, MD; Maria Concetta Veri, Derwood, MD; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/403,266 08/14/2002 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/21/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MD | SHEETS DRAWING 29 | TOTAL CLAIMS 107 | INDEPENDENT CLAIMS 27 |
| ADDRESS 66522 | | | | | |
| TITLE FcgammaRIIB-specific antibodies and methods of use thereof | | | | | |
| FILING FEE RECEIVED 2398 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |